

Name _____

Practicum date: September 22 – 27, 2011

LEADERSHIP PRACTICUM ATTENDANT INFORMATION

DIETARY INFORMATION

Vegetarian? Yes NO
Allergic to: _____

EMERGENCY INFORMATION

In case of emergency, contact:

Name:

(1) Ph. #

Relationship:

(2) Ph. #

Name:

(1) Ph. #

Relationship:

(2) Ph. #

OTHER NEEDS

Will you be bringing a laptop to take notes? Yes No

Is there anything that may prevent you from participating in outdoor activities such as exercising and canoe paddling? Yes No

If yes, please explain

Please mail/fax to:
Mary Waialeale Practicum Administrator
New Hope Christian Fellowship O'ahu
290 Sand Island Access Road
Honolulu, HI 96819 Fax: 808.440.9778